
EDITORIAL

Understanding the Impact of the Wars in Iraq and Afghanistan

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This issue of the *Journal of Traumatic Stress* contains a special section on the wars in Iraq and Afghanistan. These wars and related events have had a global impact at multiple levels, ranging from individuals to society as a whole. Consequently, public recognition of posttraumatic stress disorder (PTSD) and other readjustment problems resulting from warzone exposure has increased. A query for the term “PTSD” conducted on January 6, 2010 using Google’s news archive search found that the number of English language articles increased from 811 in 2001 (when the United States first went to war in Afghanistan), to 1,160 in 2003 (when the U.S. entered Iraq), to 3,480 in 2009. As public attention has increased, societal response has grown as well. Substantial resources have been committed to help individuals deal with the emotional toll of war. In the United States, for example, the Departments of Veterans Affairs and Defense have implemented large-scale surveillance programs to monitor the mental health of returning service members

and veterans. These agencies have implemented programs to expand the delivery of evidence-based treatments for PTSD and related disorders.

The wars in Iraq and Afghanistan also have had a significant impact on the field of traumatic stress studies. Research funding available from sources such as the National Institute of Mental Health and the Departments of Veterans Affairs and Defense has increased substantially, enabling a number of investigators to initiate research programs or enhance ongoing programs on warzone exposure in this newest cohort of military personnel. A distinctive feature of many studies is the expanded collection of data to include time points before deployment, in the warzone, and at multiple milestones after return home, affording a much needed prospective examination of the consequences of going to war. Prospective longitudinal research on deployment has been conducted in the past, as exemplified by the excellent series of articles by Stouffer and

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colleagues on World War II military personnel (Stouffer, Lumsdaine, et al., 1949; Stouffer, Suchman, DeVinney, Star, & Williams, 1949). However, no prior research has been conducted with the unique combination of access and resources. The sophisticated theoretical understanding of trauma that we have today and advanced methods such as functional neuroimaging and abstraction of electronic medical records from administrative databases makes these studies especially valuable. As a consequence, we have the chance to more fully understand etiology, resilience, prevention, acute intervention, and implications for health care delivery.

The articles in the special section reflect the diversity of research that is emerging. As a whole, they indicate that the wars have taken a toll on the men and women who have served. In their review, Ramchand and colleagues (pp. xx–xx) suggest that the likely prevalence of current deployment-related PTSD is 15%; the final number is likely to be higher as delayed onset cases continue to emerge. Other articles illustrate the range of negative outcomes, including comorbid psychiatric disorders, traumatic brain injury, and functional impairment (e.g., Carlson et al., pp. xx–xx; McDevitt-Murphy et al., pp. xx–xx; Shea, Vujanovic, Mansfield, Sevin, & Liu, pp. xx–xx). The article by Cozza and colleagues (pp. xx–xx) reminds us that the toll includes the families left behind.

The effects also extend to the civilians in Iraq and Afghanistan and to the international teams of personnel who have served there in a military or civilian capacity. It is regrettable that we received few submissions for the special section on these populations. Because all but one of the articles that were eventually accepted were on active duty personnel or veterans from the United States, we published the paper on PTSD among children living in Kabul separately (Catani et al., 2009). The emerging literature is similarly imbalanced, e.g., as of January 2010, 47 of the 50 most recent publications on this topic in the PILOTS database (available from www.ptsd.va.gov), are on U.S. military personnel or veterans. More attention to other populations is warranted. We must strive to re-

member that the effects of these wars, known as the Global War on Terrorism, are indeed global. We hope the information presented in this special section provides a foundation for research that encompasses the scope the effects of warzone trauma at all levels of society around the world.

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